

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:
6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: ELI LILLY & CO

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **ELI LILLY & CO** was received by me on (date) _____.

- I personally served the summons on **ELI LILLY & CO** at (place) _____ on (date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____; or
- I returned the summons unexecuted because _____; or
- Other (specify): **USPS v/a certified mail**

My fees are \$ _____ for travel and \$ _____
for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: **4/14/12**

Serenity Spatz
Server's signature

Parakegal
Printed name and title

6620 W. Central, Toledo OH 43617
Server's address

vice, etc:

7011 2000 0000 9166 5491

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Postmark Here

Sent To **Eli Lilly and Company**
c/o National Registered Agents, Inc.
145 Baker Street
Marion, Ohio 43302

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X NATIONAL SERVICE INFORMATION, INC.</p>	
<p>1. Article Addressed to:</p> <p>Eli Lilly and Company c/o National Registered Agents, Inc. 145 Baker Street Marion, Ohio 43302</p>		<p>B. Received by (Print Name) 1-11 Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7011 2000 0000 9166 5491</p>		<p>D. Is delivery address different from item B? <input checked="" type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 145 BAKER STREET MARION, OH 43302</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:
6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: TAKEDA PHARMACEUTICALS L L C

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **TAKEDA PHARMACEUTICALS L L C** was received by me on
(date) _____.

- I personally served the summons on **TAKEDA PHARMACEUTICALS L L C** at
(place) _____ on
(date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____
, a person of suitable age and discretion who resides there, on
(date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to
accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- I returned the summons unexecuted because _____
_____; or
- Other (specify): USPS Certified mail

My fees are \$ _____ for travel and \$ _____
for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/16/12

Serenity Sater
Server's signature

Serenity Sater - Parakgel
Printed name and title

6620 W. Central, Toledo OH
Server's address
43617

vice, etc:

7011 2000 0000 9166 5460

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage		

Postmark Here

Sent To Takeda Pharmaceuticals, LLC.
One Takeda parkway
Deerfield, Illinois 60015

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature X PICKED UP BY WATT SNATEK <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Takeda Pharmaceuticals, LLC. One Takeda parkway Deerfield, Illinois 60015</p>		<p>B. Received by (Printed Name) CHONG #590 C. Date of Delivery</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

7011 2000 0000 9166 5460

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:
6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: TAKEDA PHARMACEUTICALS NORTH AMERICA INC

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **TAKEDA PHARMACEUTICALS NORTH AMERICA INC** was received by me on
(date) _____.

- I personally served the summons on **TAKEDA PHARMACEUTICALS NORTH AMERICA INC** at
(place) _____ on
(date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there, on
(date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to
accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- I returned the summons unexecuted because _____
_____; or
- Other (specify): usps certified mail

My fees are \$ _____ for travel and \$ _____
for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/16/12

[Signature]
Server's signature

Serenity Springer - paralegal
Printed name and title

6620 W. Central, Toledo OH
Server's address 43617

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

vice, etc:

Total Postage _____

Sent To _____

Street, Apt. No.,
or PO Box No.
City, State, ZIP+4

Takeda Pharmaceuticals North
America, Inc.
c/o CT Corporation System
208 South LaSalle Street
Chicago, Illinois 60604

PS Form 3800, August 2006

See Reverse for Instructions

7011 2000 0000 9166 5750

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Takeda Pharmaceuticals North America, Inc. c/o CT Corporation System 208 South LaSalle Street Chicago, Illinois 60604 </div>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7011 2000 0000 9166 5750			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:
6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: TAKEDA PHARMACEUTICALS INTERNATIONAL INC

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **TAKEDA PHARMACEUTICALS INTERNATIONAL INC** was received by me on
(date) _____.

- I personally served the summons on **TAKEDA PHARMACEUTICALS INTERNATIONAL INC** at
(place) _____ on
(date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there, on
(date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to
accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- I returned the summons unexecuted because _____
_____; or
- Other (specify): USPS Certified mail

My fees are \$ _____ for travel and \$ _____
for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/16/12

Serenity Springer
Server's signature

Serenity Springer - Paralegal
Printed name and title

Server's address

ice, etc:

7011 2000 0000 9166 5736

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com®	
OFFICIAL USE	
Postage	\$ _____
Certified Fee	_____
Return Receipt Fee (Endorsement Required)	_____
Restricted Delivery Fee (Endorsement Required)	_____
Total Postage &	_____
Sent To	
Street, Apt. No., or PO Box No.	
City, State, ZIP+4	
Takeda Pharmaceuticals International, Inc. One Takeda Parkway Deerfield, IL 60015	

Postmark Here

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X</p> <p>PICKED UP BY MATT SWATEK CWS #590</p> <p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Takeda Pharmaceuticals International, Inc. One Takeda Parkway Deerfield, IL 60015</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>7011 2000 0000 9166 5736</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:
6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: TAKEDA GLOBAL RESEARCH & DEVELOPMENT CENTER INC

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **TAKEDA GLOBAL RESEARCH & DEVELOPMENT CENTER INC** was received by me on (date) _____.

- I personally served the summons on **TAKEDA GLOBAL RESEARCH & DEVELOPMENT CENTER INC** at (place) _____ on (date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____; or
- I returned the summons unexecuted because _____; or
- Other (specify): USPS certified mail

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/16/12

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com®	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	
Sent To	Takeda Global Research & Development Center, Inc.
Street, Apt. No., or PO Box No.	c/o CT Corporation system
City, State, ZIP+4	208 South LaSalle Street
	Chicago, IL 60604

PS Form 3800, August 2006 See Reverse for Instructions

Serenity Spitzer
Server's signature

Serenity Spitzer - Paralegal
Printed name and title

6020 W. Central, Toledo OH
Server's address

43617

rice, etc:

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Takeda Global Research & Development Center, Inc. c/o CT Corporation system 208 South LaSalle Street Chicago, IL 60604 </div>		B. Received by (Printed Name)	C. Date of Delivery
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7011 2000 0000 9166 5477	
PS Form 3811, February 2004		Domestic Return Receipt	

5-02-M-1540

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:

6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: TAKEDA PHARMACEUTICALS AMERICA INC

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **TAKEDA PHARMACEUTICALS AMERICA INC** was received by me on
(date) _____.

- I personally served the summons on **TAKEDA PHARMACEUTICALS AMERICA INC** at
(place) _____ on
(date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there, on
(date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to
accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- I returned the summons unexecuted because _____
_____; or
- Other (specify): USPS Certified mail

My fees are \$ _____ for travel and \$ _____
for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/16/12

Serenity Springer
Server's signature

Serenity Springer - Paralegal
Printed name and title

6620 W Central, Toledo OH
Server's address 4367

vice, etc:

7011 2000 0000 9166 5743

U.S. Postal Service™	
CERTIFIED MAIL™ RECEIPT	
(Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com®	
OFFICIAL USE	
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	
Sent To Takeda Pharmaceuticals America, Inc.	
c/o CT Corporation System	
1300 East Ninth Street	
Cleveland, Ohio 44114;	
Street, Apt. or PO Box	
City, State	
PS Form 3800, August 2006	
See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature Debbie Justice <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>CT Corporation System 1300 East Ninth Street Cleveland, Ohio 44114</p> <p>B. Received by (Printed Name) APR 13 2012 C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Takeda Pharmaceuticals America, Inc. c/o CT Corporation System 1300 East Ninth Street Cleveland, Ohio 44114;</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7011 2000 0000 9166 5743</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF LOUISIANA
LAFAYETTE DIVISION**

IN RE: ACTOS (PIOGLITAZONE) PRODUCTS LIABILITY
LITIGATION

Civil Action No. 6:11MD2299

Judge Doherty

This document applies to:
6:12CV838 - Springer et al v. Takeda
Pharmaceuticals America Inc et al

Magistrate Judge Hanna

SUMMONS IN A CIVIL ACTION

TO: TAKEDA SAN DIEGO INC

A lawsuit has been filed against you.

Within the time required by law*, normally 21 days after service of this summons on you (not counting the day you received it), you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff's attorney, whose name and address are:

PAMELA A BORGESS
ZOLL KRANZ & BORGESS
6620 W CENTRAL AVE STE 100
TOLEDO, OH 43617

If you fail to do so, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.



TONY R. MOORE
CLERK OF COURT

/s/ - Tony R. Moore

ISSUED ON 4/9/2012, Clerk USDC WDLA

6:11MD2299

This document applies to: 6:12CV838 - Springer et al v. Takeda Pharmaceuticals America Inc et al

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for **TAKEDA SAN DIEGO INC** was received by me on
(date) _____.

- I personally served the summons on **TAKEDA SAN DIEGO INC** at
(place) _____ on
(date) _____; or
- I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there, on
(date) _____, and mailed a copy to the individual's last known address; or
- I served the summons on (name of individual) _____, who is designated by law to
accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or
- I returned the summons unexecuted because _____
_____; or
- Other (specify): USPS certified mail

My fees are \$ _____ for travel and \$ _____
for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: 4/16/12

Serenty Smith
Server's signature

Serenty Smith - paralegal
Printed name and title

6620 W. Central, Toledo OH
Server's address
43617

rice, etc:

2000 0000 9166 5484

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & F		

Postmark Here

Sent To Takeda California, Inc., f/k/a/ Takeda
San Diego, Inc.
10410 Science Center Drive
San Diego, CA 92121

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature <input checked="" type="checkbox"/> <i>R.D. Skinner</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Takeda California, Inc., f/k/a/ Takeda San Diego, Inc. 10410 Science Center Drive San Diego, CA 92121</p>		<p>B. Received by (Printed Name) <i>R.D. Skinner</i></p>	<p>C. Date of Delivery <i>04.13.12</i></p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7011 2000 0000 9166 5484</p>	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	